

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** OUR HOUSE MEMORY CARE (0009304)

**Address:** 733 W HAMILTON, EAU CLAIRE, WI 54701

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/2001

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0094824      **End Date:** 05/06/2005      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0090579      **End Date:** 06/13/2003      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10005393    Served 06/30/2003

Deficiencies Cited  
83.21(4)(p)

Subject Area  
PROMPT AND ADEQUATE TREATMENT

Compliance  
Verified  
07/21/2003

Corrected  
Yes

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*